

Handwritten: 10/21/81
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**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM 3-876)**

SERIAL NO.	FILED DATE
APPLICANT(S)	<i>Handwritten:</i> E 1937596

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	11		8			
TOTAL DEP.						
TOTAL CLAIMS	11		8			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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